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## Original.

### ANEURISM OF FEMORAL ARTERY—LIGATION OF FEMORAL ARTERY—SECONDARY HEMORRHAGE—LIGATION OF EXTERNAL ILIAC.

BY M. KEMPF, M. D.\*

Mr. Schmidt, Troy, Ind., called upon me, May 29, 1878, with his daughter, ten years of age. About three years before, the little girl, while running, was struck by her brother, with a butcher-knife, about four inches below Poupart's ligament, toward the inner and back part of the left thigh. The profuse hemorrhage which followed was checked by the mother, by plunging the little girl into a barrel of rain-water and clogging the wound with spider-webs. No untoward symptoms occurring, except that the mother noticed a grating noise at the seat of the injury, the wound healed by first intention.

About two years after the occurrence of the accident the patient noticed a throbbing, as she called it, on the inner side of the thigh. The parents used various liniments for a time, but, no benefit resulting, they came to see me about a year after they had first noticed the throbbing. Upon examination I found a pulsating tumor and a bruit along the femoral artery, about two inches below Poupart's ligament, down to Hunter's canal. On compressing the femoral artery, both the bruit and the pulsation stopped. At my suggestion the parents con-

sented to a ligation of the femoral artery in Scarpa's triangle.

On May 31st, the patient being put under the influence of chloroform, and the tourniquet applied to the femoral artery immediately below Poupart's ligament, with the assistance of Drs. Knapp and E. Kempf I operated in the following manner: An incision, commencing two inches below Poupart's ligament and extending two inches downward, exposed the femoral artery and the femoral vein. The artery was so closely matted to the vein, and its coats were so thin and friable, that I wounded it in my endeavor to free it from the vein. The tourniquet was slackened, and a gush of blood indicated that it would not be safe to tie the femoral artery at this point. The tourniquet, being in my way, was removed, and Dr. Knapp compressed the artery with his thumb. This giving me more room, I extended the incision an inch upward, and tied the artery an inch and a half below Poupart's ligament, or immediately below the profunda. Fearing that secondary hemorrhage might occur, because the artery was so thin and friable, and had been tied so near to the profunda femoris, which would prevent the forming of a good clot, I instructed the mother how to act should such a calamity occur. The wound was brought together with sutures and covered with a graduated compress. The leg was wrapped in cotton, which was kept in place by a flannel roller. Bags of warm salt to the thigh and leg, and bottles of hot water to the foot (to replace animal heat) completed the operation. Morphine was given every five or six hours. At six P. M. the temperature

\*Reported by Dr. J. E. Kempf.

of the left or unhealthy limb was  $90^{\circ}$  Fahr., the sole of the foot and of the right  $98^{\circ}$ . The pulse at the wrist was  $84^{\circ}$ , but no pulse could be felt in the left lower limb.

June 1st, seven A.M.: Pulse 86; the temperature in the popliteal spaces of both limbs was  $98^{\circ}$ , and at the soles of both feet  $97.05^{\circ}$ . The left limb was thoroughly rubbed with a mixture of tr. arnica and glycerine; fresh cotton steamed with vapor was applied and kept *in situ* by a flannel bandage; artificial heat was kept up. Ten P.M.: Pulse 100; temperature in the axilla  $101.05^{\circ}$ , at the sole of the left foot  $100^{\circ}$ , and at the sole of the right foot  $100.05^{\circ}$ . The bottles of warm water were discontinued.

June 2d, one A.M.: Pulse 100; temperature in the axilla  $99.05^{\circ}$ , at the sole of the left foot  $96^{\circ}$ , and at the right  $97.02^{\circ}$ . Six P.M.: Pulse 90; temperature in the axilla  $103^{\circ}$ , and at the left foot  $98.05^{\circ}$ .

June 3d, seven A.M.: Pulse 100; temperature in the axilla  $100^{\circ}$ , and at the left foot  $99.07^{\circ}$ . Six P.M.: Pulse 90; temperature in the axilla  $100.05^{\circ}$ , and at the left foot  $98.05^{\circ}$ .

June 4th, seven A.M.: Pulse 100; temperature in the axilla  $98.05^{\circ}$ , and at the left foot  $97.08^{\circ}$ . Six P.M.: Temperature at the left foot  $97^{\circ}$ . June 6th, seven A.M.: Pulse 100; temperature in the axilla  $98.05^{\circ}$ , and at the left foot  $97.05^{\circ}$ . Six P.M.: Temperature in the axilla  $100^{\circ}$ , and at the sole of the left foot  $96.05^{\circ}$ .

June 7th, seven A.M.: Pulse 98; temperature in the axilla  $98.05^{\circ}$ , and at the sole of the left foot  $96.05^{\circ}$ . At nine A.M. a messenger, in great haste, announced that secondary hemorrhage had occurred. I immediately sent my son, Dr. E. Kempf, to temporarily compress the femoral artery, while I and Dr. Knapp prepared the instruments for ligation of the external iliac.

Dr. E. Kempf, on entering the patient's room, witnessed a noble sight. Over her daughter the brave mother was leaning, compressing the femoral artery with both thumbs, and thus keeping in the vital fluid. She was preventing hemorrhage so thor-

oughly that the doctor did nothing except encourage the child and the mother until Dr. Knapp arrived, who relieved the latter. On my arrival Dr. Kempf gave chloroform, while we consulted "what to do." After mature deliberation we concluded to tie the external iliac. Mr. Leppert gave chloroform, Dr. Kempf compressed the femoral artery below Poupart's ligament, while I, assisted by Dr. Knapp, proceeded to operate in the following manner: An incision, two inches in length, was made from about an inch above Poupart's ligament upward, which exposed the internal iliac artery and the vein side by side. Having pushed up the peritoneum and isolated the external iliac artery, I held the wound separate with my fingers, and Dr. Knapp ligated the artery. The wound was brought together with sutures deeply inserted and covered with a compress and bandage. The limb was again wrapped in cotton and a flannel roller. Twelve M.: Pulse 120; temperature in the axilla  $100^{\circ}$ , and at the left foot  $94^{\circ}$ . Six P.M.: Pulse 120; temperature in the axilla  $100.05^{\circ}$ , and at the left foot  $98.02^{\circ}$ .

June 8th, seven A.M.: Pulse 140; temperature in the axilla  $102.08^{\circ}$ , and at the left foot  $100.05^{\circ}$ . Twelve M.: Pulse 120; temperature in the axilla  $100^{\circ}$ , at the left foot  $97.08^{\circ}$ , and at the right  $98.08^{\circ}$ . Six P.M.: Pulse 130; temperature in the axilla  $102.08^{\circ}$ , and at both feet  $99.05^{\circ}$ . Small patches of gangrene of the epidermis showed themselves on the knee, and on the ball and the tip of the big toe.

June 9th, seven A.M.: Pulse 126; temperature in the axilla  $102^{\circ}$ , at the left foot  $99.02^{\circ}$ , and at the right  $94.05^{\circ}$ . Six P.M.: Pulse 120; temperature in the axilla  $100.05^{\circ}$ , and at the left foot  $99.08^{\circ}$ .

June 10th, seven A.M.: Pulse 120; temperature in the axilla  $99.07^{\circ}$ , and at the left foot  $97.02^{\circ}$ . Six P.M.: Pulse 116; temperature in the axilla  $100^{\circ}$ , and at the left foot  $96.05^{\circ}$ .

June 11th, seven A.M.: Pulse 120; temperature in the axilla  $100^{\circ}$ , and at the left foot  $96.05^{\circ}$ . Six P.M.: Pulse 120; temper-

ature in the axilla  $100^{\circ}$ , and at the left foot  $97.08^{\circ}$ .

June 12th, seven A. M.: Pulse 116; temperature in the axilla  $101^{\circ}$ , and at the left foot  $95.02^{\circ}$ .

June 13th, seven A. M.: Pulse 116; temperature in the axilla  $99^{\circ}$ , and at the left foot  $91^{\circ}$ . The bags of warm salt were renewed, because the sudden fall of the temperature in the left foot called for artificial heat. The ligature around the femoral artery, which had been placed there on May 31st, came away.

June 14th, seven A. M.: Pulse 120; temperature to the axilla  $100^{\circ}$ , and at the left foot  $96^{\circ}$ . The salt bags were now removed. The patient, who had had no stool for eight days, took an enema of warm soapsuds every fifteen minutes, after which I had to remove a large quantity of impacted fecal matter with my fingers.

June 15th, seven A. M.: Pulse 112; temperature in the axilla  $100^{\circ}$ , and at the left foot  $95^{\circ}$ .

June 17th, seven A. M.: Pulse 100; temperature in the axilla  $99^{\circ}$ , and at the sole of the left foot  $95^{\circ}$ . The wounds we washed with weak carbolic-acid water four or five times daily, after which compresses steeped in a mixture of tinct. arnica and glycerine were applied. The patient took a teaspoonful of Trommer's extract of malt and ten drops of dialysed iron, in a glass of milk, three times a day. Milk was the main diet, it being taken *ad libitum*.

June 22d: The ligature came away from the external iliac, and in six days after this the wounds had filled up with granulations.

July 5th I received a letter informing me that the small patches of gangrene of the epidermis were sloughing away; the patient otherwise was well.

In this case, I think, Esmarch's bandage would have acted injuriously: first, it would have been in the way; second, in all probability, on account of the matting together of the femoral artery and vein, and the vein being in front of the artery, the vein would

have been wounded; third, gangrene would have been more apt to occur.

In tying the femoral artery immediately below the profunda femoris, my father may not have acted wisely, yet his reasons for doing so are good. The artery was too much diseased to justify him in tying it lower down, and to tie it higher up he did not wish, on account of the collateral circulation through the profunda, which he wished to retain.

The temperature of the left foot may seem to be rather high, yet this was partly due to the artificial heat which was kept up, and also to the increase of the temperature of the bed by the bags of warm salt, which in itself may have affected the thermometer. The temperature of the room was always kept at  $60^{\circ}$  to  $70^{\circ}$  Fahr.

FERDINAND, IND.

#### SOME QUESTIONS IN GYNECOLOGY.

BY L. S. OPPENHEIMER, M. D.

##### Part IV.

Under the classification of rheumatism properly come those cases of *purpura-hemorrhagica* and other hemorrhages due to rheumatic amenorrhea. The most of these cases are, without doubt, dependent upon the peculiar state of the blood; but there are many others which point directly and unmistakably to a stasis in the circulation, this stasis acting, not, as still believed by some, by the mechanical hindrance, but through the sympathetic system upon the peripheral parts of the organism, giving rise to purpura, vicarious hemorrhages, and other reflex phenomena. Further on we shall have occasion to cite a few instances illustrative of this fact.

*Purpura rheumatica* is, according to the writers, more frequent in males than in females. This is not a comparative table in the true sense, because no allowance is made for the fact that rheumatism is far more frequent in the male than in the female. This should seemingly exclude the possibility of a sexual influence; but there is

another point in connection with purpura in women which, although not wholly conclusive, is at least worthy of consideration; namely, that purpura rheumatica in women in most cases has more or less intimate connection with the menstrual flux. Here are two cases, the first one given by Dr. Ledouble, of Tours,\* the other from my own notebook, illustrative of this fact. They are not picked cases, nor are they even as typical as many other cases that could be cited from any extensive practice:

CASE I.—“Woman, aged twenty-five; excellent constitution; clear history. Several months before, while washing, got her feet wet. In the evening there was malaise, cephalgia, vertigo, feeling of weight in the hips and thighs. Suppression of menses about ten o'clock in the evening. Pain in the inferior members during the entire night, and stiffness of left ankle. Next morning pain had diminished, but legs and feet had increased somewhat in volume. During the day a series of erythematous placques appeared on internal surface of both legs. In the evening the dorsal surface of feet, legs, and thighs were covered with ecchymomata of various sizes and forms, limited by sinuous, irregular borders, between which were smaller petechiae of a dark red or blackish color; no abnormal sensation of the skin. The pains had by this time almost ceased; both legs had increased considerably in volume; swelling was hard, and left no impress of the finger; heart, large blood-vessels, and lungs normal; appetite good. In the aim to recall the menses, which, the writer states, he supposed to be the cause of all this, he applied sinapisms to the breasts, and administered a potion of two grammes of ether, to be repeated every two hours. On the next day the menses had appeared, and from that moment the patient began improving in every respect; the eruption began disappearing, undergoing the various color changes, until at the end of two weeks no traces were left; the swelling had disappeared soon after the re-appearance of the

menstrual flow, and the cure was in fact complete. At the next time of menstruation, upon the second day, under the influence of violent fright, new suppression of menses, with same symptoms as before, purpura, petechiae, swelling of limbs, etc.; same result after treatment. Since that time patient has been perfectly well.”

The diagnosis of Ledouble reads, “Sanguinary infiltration of inferior members with ecchymosis and purpura.” I will not enter into a discussion here of the want of induction in the manner in which L. differentiated his diagnosis. The diagnosis I believe to have been correct, but his reasons for differentiating it from other diseases were not quite so logical and exact. For example, in speaking of *Morbus maculosis Werlhofii*, he says: “It is only very exceptionally accompanied by petechiae, and that this pathological state would be accompanied by articular pains, fever, etc.” L. overlooked the fact that the last are all present in this case, and that the appearance of petechiae is the rule in this disease.

The case taken from my note-book is briefly as follows:

CASE II.—Woman, forty-three years of age; healthy in every other respect. Eight months ago menses stopped (from what cause it was impossible to ascertain). Menses had not reappeared until about seven weeks ago. Four and a half months ago patient was attacked with petechial purpura, which gradually extended itself over almost the whole body, beginning with the legs. No other abnormal symptoms. Warm acidulated baths were tried, and the general condition looked to. After about two months, during which time various remedies were essayed, without diminishing the eruption in the slightest degree, the menses appeared, first scantily, then almost as normal as before. From that day the eruption began disappearing; and to-day, after two months, only slight traces still remain on her legs. Menstruation regular.

What the relations are between the uterine stasis and the peripheral circulation (and here it is not the blood, but its canals, which are

\* Ann. de Gyn., Avril, 1877.

affected through the influence of the originally morbid action), can not be better defined than by such cases as have been reported by Sir Astley Cooper,<sup>1</sup> Velpeau,<sup>2</sup> Cazenave,<sup>3</sup> Tyler Smith,<sup>4</sup> Beigel,<sup>5</sup> W. F. Atlee,<sup>6</sup> and many more.

Cooper and Velpeau have both written of ecchymoses of the breast in young girls with painful or irregular menstruation. Cooper, Cazenave, and Tyler Smith have seen the pure blood come from the breasts instead of the genitals during menstruation time. In the cases belonging to the two latter the breasts were covered with a petechial purpura. Cooper also mentions a case where, during suppression of the menses, ulcers already existing became covered with blood. Dupuytren<sup>7</sup> mentions a like case. Atlee reports an interesting case where, after the operation for ovariotomy, menstruation took place through the pedicle. Numerous other cases are published of vicarious menstruation. (Theophilus Parvin offers the term "*xenomenia*" for these, which name I have adopted.) One of especial interest is that of a woman aged eighty, who menstruated alternately from the nose and the genitals.<sup>8</sup> A still more peculiar case is quoted by Beigel, page 360.<sup>9</sup> A girl, during the first menstruation, slightly bruised her left breast. Menstruation ceased, and did not appear again for eight years; but instead of this, during the whole of that time, there was a periodical trickling of reddish fluid from the wounded spot, which was, in fact, nothing more than a simple abrasion about the size of a crown. The wounded spot was then treated, and cured; at the same time emmenagogues were given, under the influence of which the menses returned and became regular.

"Cases of this kind," adds Beigel, "prove that the congestion during the menstrual time is not limited to the pelvic organs, but

extends itself in a greater or less degree to the entire circulatory system, for only in this manner can we explain the appearances of these vicarious hemorrhages in the strangest parts of the body."

If this be true, and I believe it to be so, there need be no stasis in order to have vicarious hemorrhage during the menstrual time, as many of you have seen epistaxis, etc., at this time in girls who were menstruating normally.

All this is only offered as a mite of proof, showing the intimate connection of the uterus with the entire organization. I do not speak of purpura or vicarious hemorrhages as always due to uterine stasis, for it is too well known that a blood stasis in any part of the body may produce these,\* but none so definitely as the uterus.

Indeed, this organ may almost be considered a center from which the greatest ills for its possessor spring. We are in the habit of saying "it is as normal for women to become pregnant and bear children as it is for them to eat." This is plainly an overdrawn, unstudied comparison; it is as fallible as the other doctor philosophy that "because a woman does not bear children she is more susceptible to uterine and ovarian disease." It is difficult to understand why such a large number of physicians should still continue to adhere to these erroneous doctrines, which are rather a reversal of the truth. Now, if pregnancy, with all its sequences, be so strictly normal, why should metritis and hyperplasias of every possible variety in by far the greater number of cases have their true origin, directly or indirectly, in an abortion or an accouchment.

You all know now to what evil agencies the uterus is constantly exposed, its dependent position, its relations to sensitive structures, the peculiarities of its vascular supply, its periodical congestions, its abortions and accouchements. These and other mechanical influences, added to its susceptibility to thermal changes, render this a peculiarly

<sup>1</sup> Lectures on Surgery, 1857.

<sup>2</sup> 1858. Cited by Ledouble.

<sup>3</sup> Cited by Beigel.

<sup>4</sup> Diseases of the Uterus. London.

<sup>5</sup> Krankheiten des Weiblichen Geschlechtes. Wien, 1874.

<sup>6</sup> American Journal, 1877.

<sup>7</sup> Jour. hebdomad., Janv., 1829.

<sup>8</sup> Schmidt's Vahrbücher, Bd. 9.

<sup>9</sup> Boogler. The Lancet, Jan., 1842.

\* (a) Moliere Ann. de Dermatologie, 1873, 1874; (b) Gilbert du Havre, Revue mens de Med. et Chir. Hæmorrhagies viscérales, etc., Nov., 1877.

favorable disease-habitat, which, whilst it has no analogue in the rest of the anatomy, impresses it when diseased, in virtue of its intimate sympathetic relationship, or is in turn impressed by it.

There are several other physical conditions of the uterus and its annexes, which should be especially mentioned, because they are the basis of much uterine trouble, and their recognition may at times aid the practitioner in many ways.

In the examination of the causes of the greater number of interstitial uterine hemorrhages it has been found that one of the great factors is the absence of valves\* in the veins of the *large ligament*, rendering the organ, of course, more liable to repeated congestions, vicarious hemorrhages, etc. Still another prominent cause for hemorrhages is arterial rupture, which no one has so aptly proven as Perret, by his injecting experiments. But in the greater number of autopsies in these cases it is proven that the principal role in them is played by the rupture of the uterine veins. These cases are called by Dr. Uribe "thrombus uteri," just as we have been accustomed to speak of "vaginal and vulvar thrombi." U. does not speak of extra-uterine hemorrhages at all, confining himself to interstitial troubles. He cites several cases of rupture of veins caused by accoucheurs with the forceps. It is also probable that in many of the metritis cases after accouchment, thrombi have been the starting point. Another case belonging here is that of a uterine cancer where, after cauterization with the *ferrum candens*,† the patient rapidly succumbed to a pelvic phlebitis.

Whether a peculiar state of the veins or of the other vessels and tissues of the uterus is instrumental in calling forth the above phenomena I am not prepared to decide further than that which is universally accepted.

\* Uribe. *Etudes sur les causes et le mecanisme, des hemorragies interstitielles des organes genitaux de la femme.* Paris, 1875.

† X. Delore. *Statistiques de l'Hopital de la Charite.* Lyons, 1876.

There are several forms of peri-uterine *adenitis* and *lymphangitis* which, although not necessarily due to a constitutional cause, are so frequent in occurrence that it is deemed necessary to mention them as essential parts which propose to discuss the aforementioned relationship of uterine maladies to the general economy.

It has been suggested that adenitis and lymphangitis may be due to a "*lymphatic diathesis*," but it is not quite clear how a "*lymphatic diathesis*" can exist as a nosological entity.

#### ADENITIS.

The form of peri-uterine adenitis most common is of a non-inflammatory character, and occurs most frequently in cases of vaginal or sub-acute uterine troubles. In these cases the enlarged ganglia may be found on one or both sides of the anterior wall of the vagina, situate high up, singly, or more rarely, multiple; very movable, usually very small, about the size of a small pea, and receding easily from the finger tip, on account of the mobility of the peritoneal layer in which it lies.

#### LYMPHANGITIS.

A most fruitful cause for pelvic lymphangitis and adenitis is tedious accouchements, the most serious symptoms arising therefrom. But there are many other causes for this trouble, exclusive of the latter; these are in part blenorragia, cauterizations of the neck, application of leeches, chancres of the neck, acute metritis, etc.

Dr. George Mary says that the engorgement of the ganglions is more particularly apt to besiege those near the obturator foramen. The malady characterizes itself by a pain near the crural canal, and the inner examination reveals the signs above alluded to.

This is about all I can say upon the subject. So far as the writer is aware no one has as yet made thorough investigation of this question from the standpoint taken by the believers in a "constitutional theory." It would therefore be premature to offer

opinions here, based, as they are, upon observation made in so limited a time.

It would be much easier to demonstrate the intimacy existing between the general system and the uterus by analyzing the *neuroses*, which spring from simple functional troubles of this organ, as well as from the ovaries. But it is not in the province of this essay to enter minutely into a discussion of this point; it is simply mentioned incidentally in this connection.

The foregoing, although still in a measure somewhat dark, is in the main, it is hoped, sufficiently clear to show that in uterine maladies generally there may be a constitutional affection which underlies the local malady. I would not, however, overrate this general influence; but it is well to remind the practitioner that in these cases, when he finds one or the other of these diatheses in the patient, he may suspect its being the stimulus to the local trouble; but if he do not find this, nor any symptom of it, to take good care not to fall into the extreme "too common with the ancients, too rare with the moderns" of attributing it blindly to some constitutional taint.

The uterus being so susceptible to disease, for reasons stated above, it is quite natural to suppose that any pre-existing malady would render this organ still more liable to be affected; but this need not be considered no more a fixed law than that every case of labor must be followed by metritis. Nevertheless, it will be found to obtain in the majority of such subjects.

In cases of sterility, virginity, etc., it has been noticed that these have been exempt to a great extent from those diseases which so commonly arise from labor or an abortion, such as endo- and perimetritis, phlegmasia, etc.; and with regard to fibroids, polypi, carcinoma, or diseases of the ovaries, there can not be any relation of cause and effect in these cases of virginity, sterility, and celibacy more than in any others.

Dr. Pidoux, of Bonn, declares that he has often seen girls enter convents, as devotees, suffering from dysmenorrhea, leucorrhœa,

etc., and that little by little, without any treatment whatever, under the influence of cloistered life only, these acquired better health, the menstrual flow became regular, less and less painful, and less in quantity. This does not offer any contradiction however to the doctrine of constitutional affections. The exciting influences and predisposing local causes having been removed, the constitutional affection is naturally held in abeyance. Nevertheless many of these are subjects of metritis, caused, in one by a constitutional malady, in the other by traumatic or thermal influence; and these pursue the same natural course without treatment that such cases ordinarily pursue, the tendency being toward their becoming chronic. A simple phlegmasia of the mucous membrane may thus extend itself into the parenchyma of the organ and produce its various diseases in this manner.

We will not here discuss the question raised by Noeggerrath,\* of New York, of a specific catarrhal metritis, and its power to produce such a host of consecutive troubles; but, according to Scanzonit† and others, chronic catarrhal or parenchymatous metritis, of whatever nature, has no tendency to cure spontaneously.

LOUISVILLE.

## Correspondence.

### ASCLEPIAS SYRIACA.

To the Editors of the Louisville Medical News:

In No. 14, Vol. 5, of the MEDICAL NEWS is an article from the pen of H. K. Pusey, M. D., of Garnettsville, Ky., on this plant as a remedy in dropsey.

The doctor requests the experience of others in its use; and, having had quite an extensive experience with it, I have concluded to present, briefly, a statement of some of its effects as I have observed them during a period of fifteen years.

I have employed it in all the forms of

\* Transactions of the Amer. Gyn. Society, 1876.

† Die Chronische Metritis, Wein., 1863.

dropsy and with the best success in scrofula, and in peculiarly stubborn skin diseases I have gotten good results from it. As stated by Dr. Pusey, it is mentioned by very few writers on *materia medica*. Griffith, in his "Formulary," only mentions it as a diaphoretic and purgative, and says it is a popular remedy in diseases of the respiratory system, and especially in pleurisy.

I have used the three varieties of the *asclepias* described in the United States Dispensatory. There are two others which I have seen, but have had no experience with.

*Asclepias tuberosa*, *A. incarnata*, and *A. syriaca*, all, I think, possess very similar medical properties; but the last mentioned I have more knowledge of than of either of the others, first, because it seems to possess more alterative powers; second, because it grows in greater abundance in this region; besides, I was induced to try it in the treatment of strumous affections through the recommendation of my brother, Dr. A. E. Thomas, of Port Gibson, Miss., formerly of Rocky Springs, and it was this variety he used.

By reference to Wood & Bache's Dispensatory, ed. 1854, page 124, article "*Asclepias syriaca*," it will be seen that the authors insert in the text an extract of a letter from Dr. Thomas, in which he states he has employed the root in scrofula with great success, and with advantage in dyspepsia. He refers also to Dr. McLean's use of it in scrofula twenty years prior to the date of his letter, 1850. Dr. Thomas also says he was induced to employ it from observing the use of it by planters in the treatment of scrofula among their hands.

I have used it, as before stated, in every form of dropsy, and with decided benefit in every case, no matter what its origin; but it is only in hepatic dropsy, or that character of dropsy produced by engorgement of the liver, that I have never failed to cure with silkweed. It is specially alterative to the liver, and in many cases is superior to either podophyllin, leptandrin, or calomel. It is a diaphoretic, and in large doses an emetic.

I have not discovered any special ano-

dyne effect from its use, except, perhaps, it may secondarily exercise some hypnotic action by virtue of its relaxant effect as a diaphoretic.

I have been equally as successful in the treatment of hepatic and some forms of renal dropsies with the *asclepias* as Dr. Pusey, and can in the main indorse his statements as to its value in the management of dropsies in general. But aside from dropsies of hepatic origin I have attributed its good effects to its cathartic and diuretic properties only; it seems to act by reducing the engorgement of the liver, and in this way removes the cause, and the cure is permanent. This was so in quite a number of cases which I could report in detail from notes, were it necessary.

In no case has it failed to remove the water, when used in doses as large as the stomach would bear short of emesis, and in the majority of cases permanently, with the addition of proper adjuvants, except, of course, in those cases of cardiac origin and nephritic origin; and in two such cases it proved of great benefit.

In one case of Bright's disease not very far advanced, with *asclepias* and *jaborandi* the patient was cured. The latter, I am convinced, is the best remedy in this disease I have any knowledge of, but have not given it a trial in a case much advanced. It is in scrofula, however, that I have found it peculiarly valuable, and almost equally so in some forms of chronic skin diseases.

There are, I think, very few cases of scrofula that will not be greatly benefited by a persevering use of *asclepias*; and when combined with *Phytolacca decandra* I know of no prescription comparable to it in this disease, aided by malt or cod-liver oil when indicated. Especially is this true with the disease as it appears in the negro, on whom it seems to act with peculiar efficacy.

My favorite formula is the following:

R	Strong decoction <i>asclepias syriaca</i> .	3 xij;
	Decoction <i>phytolacca decandra</i> ....	2 iv;
	Pure whisky.....	3 vj;
	White sugar.....	3 iv. M.

From one half teaspoonful to two tablespoonfuls thrice daily, according to age and effect produced.

This will also be found a good vehicle for the salts of iodine or arsenic. I have treated successfully many cases of scrofula with this formula variously modified to suit each individual case. A tincture, prepared by cutting into thin pieces two ounces of the fresh root, and covering it with a pint of alcohol, allowing it to macerate for fourteen days, is the most convenient form in which to administer the drug as a simple cathartic or as an alterative and laxative in diseases of the skin. Where its diaphoretic action is specially indicated I give the infusion. It possesses three properties that render it peculiarly adapted to the treatment of skin diseases, namely, diaphoretic, cathartic, and diuretic, all eliminators of morbid matter, in addition to its alterative powers. I have not observed any beneficial effects derived from its use in dyspepsia, except in very small doses it seems to increase the appetite and to correct flatulence. It will cure many skin diseases, assisted by proper local treatment and strict attention to hygiene—diseases, too, without discoverable relationship to struma or malaria as their cause; and, as I have been unable to discover the least antiperiodic or antimalarial property in the weed, I am forced to the conclusion that there must be quite a number of skin diseases besides the exanthemata that have their origin in some other cause than struma or malaria. Therefore, with due deference to the opinions and theory of my learned friend, Dr. L. P. Yandell, I venture to express the opinion that malaria is a most overridden etiological hobby before the profession.

PEMBROKE, KY. J. P. THOMAS, M. D.

A SERIES of papers upon diseases of the rectum, by Prof. Van Buren, is being published in the New York Medical Record. They contain the later observations of this distinguished surgeon in the field in which he won such an enviable reputation. They will supplement, though they can not supplant, his former classical lectures upon the same subject.

## Books and Pamphlets.

THE OBSTETRIC FORCEPS, WHEN AND HOW TO USE IT. George J. Engelmann, M. D., St. Louis, Fellow of the American Gynecological Society, etc.

In a pamphlet of nine pages Dr. Engelmann has laid down, in a very practical manner, the rules in regard to the use of the obstetric forceps. The several subdivisions are upon which is the best forceps, the nature of the instrument, conditions necessary for its use, when to apply, and method of application. A creditable and useful paper, which we shall take care to preserve.

A HYSTERO-PsYCHOSIS EPILEPSY DEPENDENT UPON EROSIONS OF THE CERVIX UTERI. By George J. Engelmann, M. D. Reprinted from St. Louis Clinical Record.

A report of a case of epilepsy cured by applications of nitric acid to an eroded cervix.

## Miscellany.

PHYSIOLOGY OF THE SALIVARY SECRETION.—London Lancet: The first number of the new Journal of Physiology, edited by Dr. Michael Foster, contains an interesting article by Dr. Langley on the Physiology of the Salivary Secretion. In this paper Dr. Langley points out that the well-known effects of stimulation of the chorda tympani and sympathetic nerve on the secretion—the former yielding a watery, the latter a viscid, saliva—are true only in the case of the dog, and that precisely the opposite effects occur in the case of the cat. [We italicise this sentence as a fair example of the value of physiological experiments on the lower animals.—EDS. NEWS.] In this animal both the secretions are watery, but the sympathetic saliva is less viscid or more watery than the chorda saliva. It is known again, from Heidenhain's experiments, that the action of atropine is different on the behavior of the chorda and sympathetic nerves, a very small dose completely paralyzing the chorda, whilst a very large one

does not paralyze the sympathetic. Dr. Langley, however, finds that in the cat atropine readily paralyzes the sympathetic secretion, as well as that of the chorda, and even thinks that in the case of the dog the difference is more one of degree than of kind. He is unable to speak positively, but seems inclined to think that the atropine acts both on the nerve-endings and upon the cells themselves. Kühne was of opinion that the two nerves are antagonistic, but even assuming this to be the case in the dog, it does not hold good for the cat, in which Dr. Langley finds that minimal effective stimuli, when applied simultaneously to the chorda and sympathetic nerves, are not antagonistic as regards secretion; on the contrary, the amount of secretion from the simultaneous stimulation is at least equal to the sum of the amounts from separate stimulation. He finds, further, that impulses traveling down one nerve produce their effect on the salivary cells, whether the other nerve be functionally active or not.

WE have received a circular from the Cincinnati Sanitarium, and it reminds us to do what we long since intended—to call special attention to this very meritorious institution. The Sanitarium, at College Hill, Cincinnati, Ohio, is a private hospital for the treatment of mental and nervous disorders, and is under the charge of Dr. W. S. Chipley. It is designed for the benefit of patients whose circumstances allow them to obtain the comforts of isolation and special care, for which the state can not in its general asylums provide. The buildings amply provide for a proper classification of patients, and there is every appliance for their welfare. The location of the Sanitarium is healthful, in the midst of beautiful scenery, the society is refined, and the attention skillful and kind. Dr. Chipley, the manager, was for many years in charge of the Eastern Lunatic Asylum, at Lexington, Ky., and has a wide reputation as an expert in nervous disorders. The Sanitarium can be cordially recommended to the friends of the

insane, to epileptics, and to those whose nervous systems have been deranged by drink, narcotics, or otherwise. An unusual number of all these classes of unfortunates have found restoration there.

**THE TRUTH ABOUT BEEF-TEA.**—Alf. Sheen, M. D., in London Lancet, June 1: I am sorry that it should "fall to the lot" of L. R. H. to prescribe a large amount of beef-tea. Of course one can not avoid giving it sometimes, but I think, where it can be done, *milk* should be given in preference. I attend a workhouse infirmary with 130 beds, and I don't think half a dozen pints of beef-tea are consumed there daily. There seems to be a good deal of ignorance among the public, and in the profession too, as to the nutritive value of this article of sick diet. By itself "its effects are due chiefly to its warmth and pleasant taste, and it enables one to take a larger amount of dry and tasteless food." (British Med. Jour., Vol. I, 1872, p. 480.) It is "a food to a very limited extent, but an agreeable stimulant." (Practitioner, Vol. I, 1875, p. 445.) Liebig's extract given alone is merely a stimulant. This and ordinary beef-tea, when mixed with farinaceous foods, are probably suitable aliments, but they can never be equal to milk. Without going further into this question, I may refer your correspondent to "Fothergill's Practitioner's Handbook of Treatment," "Chambers's Manual of Diet and Regimen," and "Chambers's Indigestions," for some valuable remarks on beef-tea, and for the quantity of meat required per pint he will find recipes in many works, and one I may mention is "Ringer's Therapeutics."

**WARNER'S PARVULES.**—We have just received from Wm. Warner & Co., of Philadelphia, through R. A. Robinson & Co., of this city, a handsome leather pocket-case containing ten vials, each holding one hundred parvules about the size of a squirrel shot. Arsenic, salicylic acid, aconite, aloin, calomel, digitalis, ipecac, morphia, nux vomica, and

podophyllin are the medicines embraced in this case. A pocket beside the vials contains tiny envelopes for holding the parvules when dispensed to patients. The little pellets are sugar-coated and uncolored, are inviting in appearance, and will doubtless prove attractive to many patients. The parvules contain from one tenth to one hundredth of a grain, according to the medicine embraced. The whole affair—case, vials, and parvules—reminds one strikingly of the accoutrements of our bastard brethren of homeopathy. Clinical experience will demonstrate its degree of usefulness.

**MENSTRUATION AND MEAT-CURING.**—Several writers have published in the British Medical Journal for March and April, 1878, a number of interesting observations upon this subject. It has been proved that women attending to meat-curing during their menstrual epoch spoil the hams, etc., and that this result is well known to many cooks, so that they decline to undertake this duty during that epoch. R. B. (p. 514) asserts that moisture on the hands is believed to be the cause. "Surgeon" (p. 590) asks, "If such bad results accrue from a woman curing dead meat while she is menstruating, what would result, under similar conditions, from her attempt to cure living flesh in her midwifery or surgical practice?" Mr. Story (p. 663) confirms the bad effect of menstruation upon meat-curing, and states that gonorrhea and syphilis in men are equally injurious to the process.

THE Cincinnati "Lancet and Observer" and "Clinic" have combined, and appear as a weekly, under the title of the "Lancet and Clinic." The new journal presents a smart appearance.

THE London Lancet of June 8 mentions the discharge of a large biliary calculus by ulceration through the abdominal parieties. Its weight was one hundred and seventy grains; its size, three and five eighths by three inches.

## Selections.

**A New Indian Remedy for Scrofula.**—London Med. Examiner: It is a well-known fact that India produces scores of drugs, which have been used with more or less success from time immemorial, both by European and native practitioners, but which have not as yet found their way into this country. There is, unfortunately, always considerable hesitation about trying any remedy that is new, even when it has been approved by trustworthy observers, and its introducer often meets with any thing but encouragement. A remedy of this nature has just been brought before the notice of the profession, and if the account given of it can be accepted as perfectly reliable, the medicine is one which certainly deserves a further trial. The drug in question is the oil obtained from the seeds of the *Chaulmoogra odorata*, a tree indigenous to, and growing abundantly in, the Sylhet district. The seeds are employed extensively by the natives of India for the cure of cutaneous disorders; they yield by expression a bland fixed oil, with a peculiar and slightly unpleasant taste and smell. This oil appears to have been long known to and prized by the natives in the treatment of leprosy, and its valuable properties are well known to the fakirs traveling about the country. Dr. Mouat, of the Indian Medical Service, has made a trial of the oil for inveterate cases of scrofula, secondary syphilis in broken-down constitutions, and leprosy, and the effect in all of these morbid conditions was most marked and satisfactory. One difficulty which has hitherto prevented the spread of the remedy is the persistent adulteration of the oil, but, by various tests devised by Dr. Dymock, its purity can now be ascertained, and there is no difficulty in obtaining it free from adulteration. The dose is very small—five or six minims to commence with. The oil can be obtained from Messrs. Corbyn & Co., who also supply a pamphlet containing a report of some of Dr. Mouat's cases, and other information.

**Chloral in Dysentery.**—Dr. Wm. L. Newell, in Phil. Med. Times: A weak solution of that valuable medicine on chronic ulcers manifested such favorable results in my hands that I conceived the idea of using it locally on the inflamed and congested bowel in dysentery. The first case had been under the usual treatment for three days without relief. The child, aged eleven, was tormented with thirst, pain, and tenesmus, with twenty-five or thirty dejections in twenty-four hours. In connection with other treatment I ordered five grains of chlor. hyd., dissolved in two ounces starch gruel, thrown up the bowel with considerable force from a hard rubber syringe. It remained three hours, during which the child slept. Many of the other symptoms were modified, and the

injection was repeated, which remained seven hours, when it came away with some fecal matter, but without tenesmus. The child asked for food, which was given in form of mutton-tea thickened with boiled wheat flour. All treatment ceased in forty-eight hours from first enema, four being given in all. The case seemed so satisfactory that I mentioned it to my confrere, Dr. J. S. Whitaker, who has pursued the same treatment with the most happy results in every case, aborting the disease within a few hours. I may mention that he used ten grains instead of five with a lady, aged twenty-five years, who had twenty or thirty calls in twenty-four hours, with complete repose for eight consecutive hours, with permanent abatement of all other symptoms, without other treatment.

**A New Treatment of Tape-worm.**—London Med. Examiner: The idea of cooking a *tænia* in the canal itself, and thus substituting ordinary digestion for the disagreeable means hitherto employed to effect expulsion of the parasite, is a happy innovation which has been successfully carried out by Prof. Bouchut at the Children's Hospital, Paris. Male fern oil, kousso, and the bark of the pomegranate root are the anthelmintics usually employed; but their action is violent and often uncertain. A careful inspection will always enable the medical attendant to discover the ova and fragments of the parasite in the stools; and when this has been done we have a simple and effectual method of insuring a cure. From the results of numerous experiments M. Bouchut had ascertained that not only ascarides, but fragments of *tænia*, when placed in a weak alcoholic solution containing one thirty-fifth of amylaceous pepsine, are digested by the fluid in the course of twelve hours. We thus obtain an artificial digestion of the animal matter exactly similar to that which ensues when meat is treated by the same process. On submitting the conclusion drawn from his experiments to the test of practice at the Enfants Malades, M. Bouchut found that the solution of pepsine was eminently successful. If his experience be confirmed, a valuable addition will be made to adult as well as to infantile therapeutics. In conclusion, we may observe that animal food is, almost certainly, the channel through which the parasite is conveyed; and hence that official inspection of suspected dealers in meat would form a useful adjunct to the practice of the physician.

**Treatment of Chronic Alcoholism.**—In reply to a question by a correspondent in the British Medical Journal for May 4, page 669, regarding the best treatment for the tremors of chronic alcoholism, and a substitute for the constant craving for drink which exists, Dr. Lauder Brunton recommends fifteen minims of tincture of perchloride of iron, with ten

minims of tincture of *nux vomica*, as most efficacious for the tremors, combined with bromide of potassium if restless at nights. The chalybeate mixture, either alone or with the addition of tincture of capsicum (five or ten minims), relieves the craving for drink, for which purpose also a mixture of carbonate of ammonia in infusion of gentian is valuable. If there be derangement of the stomach, it should be treated by ten-grain doses of subnitrate or carbonate of bismuth, with magnesia and tragacanth.

**Treatment of Chorea.**—London Medical Examiner: Dr. Finny, of Dublin, follows the internal treatment of Hammond, prescribing sulph. of strichnine in doses of one forty-eighth of a grain, and adopts the external treatment of Zimberton and Lubilski, in applying the ether spray from the nape to the sacrum. Dr. Rob't Bridges records two remarkable cases of this affection cured in a few days. The object desired was the procuring of ten hours sound sleep in twenty-four. It having been ascertained that there was no idiosyncrasy, thirty grains of chloral were given, and this was to have been repeated immediately on waking in proportion to the ascertained effect, but less than the first dose, as the patient had slept well or badly. Thus treated, one patient was cured in a day, and the other had a few choreic movements on the third day. The pulse did not become feeble.

**Thiersch on Cauterization of Nævi.**—London Medical Record: Dr. Thiersch applies over the surface of the tumor a little plate of copper, pierced at regular and small distances with small holes. Through these he passes a needle mounted in a cork, and previously heated in a spirit lamp. The cauterization is thus effected very regularly. The same method is applicable to the linear division of the skin by a cutting needle, recently recommended by Mr. Balmanno Squire.

**Treatment of Epilepsy.**—London Medical Examiner: Dr. Hollis, of Brighton, has reported some eleven cases of epilepsy happily treated with bromide of sodium. The dose given ranged from fifteen to forty grains of the salt in an ounce of camphor-water or other vehicle, three times a day.

**Treatment of some Cases of Inflammation of the Bladder.**—London Medical Examiner: Dr. George Johnson has called attention to the happy effects produced in certain cases of cystitis by an exclusively milk diet. The milk is to be taken cold or tepid, and not more than a pint at a time to obviate curdling. Unskimmed milk is the best, as the cream lessens the tendency to constipation.